

## MODEL LETTER FOR ESRD WAIVER: Qualifications for Medical Director

### Date

State Survey Agency  
Survey & Certification, ESRD Program

### Street Address

### City, State, Zip code

Dear ESRD Specialist,

We are writing to request a waiver of the requirement for Board certification, completion of 12 months training program in nephrology, and/or 12 months experience providing care to patient on dialysis for the medical director of our facility, name, address, and CMS certification number.

Our medical director, name, has been medical director at this facility since date. A brief resume is attached. A qualified physician is not available to serve as the medical director of this facility for the following reason(s): stated reason(s).

We understand that a facility may apply for a potentially renewable, time-limited waiver if one or more of the qualification requirements listed above for medical director are not met. We also understand that facility-based outcomes will determine the length of time of the applicable waiver. We understand that the facility-based outcomes will consist of a composite ranking drawn from the most recent twelve-month period for which CMS has facility-specific, statistically-developed and rank-ordered outcome data. The composite ranking will be generated by the Kidney Epidemiology and Cost Center of the University of Michigan.

We appreciate your consideration of this request and await your response.

Sincerely,

### Name

Contact information, including mailing address, email address, and phone number